

<input checked="" type="checkbox"/>	UNCLASSIFIED	<input type="checkbox"/>	CONFIDENTIAL	<input checked="" type="checkbox"/>	SECRET
CENTRAL INTELLIGENCE AGENCY OFFICIAL ROUTING SLIP					
TO	NAME AND ADDRESS		INITIALS	DATE	
1	AD/CR		PRB	11 Aug	
2	DAD/CR		PWA	11 Aug	
3	SA/AD/CR		bejs	11 Aug	
4	CIA Librarian				
5					
6					
	ACTION		DIRECT REPLY		PREPARE REPLY
	APPROVAL		DISPATCH		RECOMMENDATION
	COMMENT		FILE		RETURN
	CONCURRENCE	1-3	INFORMATION		SIGNATURE
Remarks: Please note last sentence on first page. ABT					
FOLD HERE TO RETURN TO SENDER					
FROM: NAME, ADDRESS AND PHONE NO.					DATE
CIA Librarian					10 Aug 61
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Replaces Form 30-4  
which may be used.(40)  
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